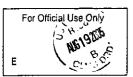
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Falure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2203/	2. Fiscal Year Covered From:
Of the last	1/1/2004 Through: 12/31/2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Roger MLASH Sr	Name Local #24 I.B.E.W.
	Labor Organization File Number 056 - 619
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2701 West PATAPSCO AVENUE	Street 2701 West PATAPSCO Avenue
City Baltimore	City BAHINOVE
State MARYLAND JIP Code +4 21230-2700	State MARY CAND ZIP Code + 4 21230-2700
5. Position in labor organization. Recording Secretary Ass't Bysiness Manager IMEMBERSHIP Development	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.
 Name and address of Employer (including trade namε, if any). 	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	1
City	e de la compansa del compansa de la compansa de la compansa de la compansa de la
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned de lazes, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

410-247-551

Telephone Number

Name of Person Filing Roger M. LASH 37.	File Number U-	
B. Held an interest in or derived income or economic t enefit with monetary value from a business (1) a substantial part of which consists of buying from, sellir g or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name BA/tinore E/ectrical SATC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2699 West PATAPSCO AVENCE City BA/tinore State MARYLANO ZIP Code + 421239-2700	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Baltinore Electrical SATC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2699 West Atapsco Avenue City Baltinore State Maryland, ZIP Code + 4 21230-2780	11.a. Nature of such dealing. Training of Electricians AND Apprentices 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest heid or income received. Apprenticeship Grapuation Dinner On 6/4/04	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12.b. Amount. 130.00	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	14.a. Nature of payment.	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	